

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIQUID CRYSTAL DISPLAY DEVICE HAVING REDUNDANCY REPAIR PATTERN AND METHOD OF FORMING AND USING THE SAME

**Information -
For Use Without
Specification
Attached:**

The specification was filed on _____ as
United States Application Number _____;
and amended on _____ (if applicable) and/or
the specification was filed on _____ as PCT
International Application Number _____; and was
amended on _____ (if applicable)

**Insert Priority
Information:
(if appropriate)**

<u>88466/2002</u>	<u>Republic of Korea</u>	<u>December 31, 2002</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No

**Insert Provisional
Application(s):
(if any)**

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

**Insert Requested
Information:
(if appropriate)**

Country	Application Number	Date of Filing (Month/Day/Year)
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

**Insert Prior U.S.
Application(s):
(if any)**

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
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(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary.

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP of CUSTOMER NO. 02292
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PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence:
Insert Citizenship:

Insert Post Office
Address:

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE
K-Sul CHO		<i>[Signature]</i>	12/03/2003
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Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE
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MAILING ADDRESS (Complete Street Address including City, State & Country)			